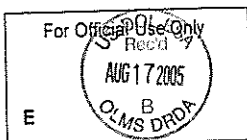


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11362</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Raymond E. Kasmark</u> P.O. Box, Bldg., Room No., if any Street <u>1339 MacArthur Blvd.</u> City <u>Munster</u> State <u>IN</u> ZIP Code + 4 <u>46321</u>	4. Name, file number, and address of labor organization. Name <u>Electrical Workers IBEW, AFL-CIO, L.A. 697</u> Labor Organization File Number <u>026-710</u> P.O. Box, Building and Room Number, if any Street <u>2835 - 165th St.</u> City <u>Hammond</u> State <u>INDIANA</u> ZIP Code + 4 <u>46323</u>
5. Position in labor organization. <u>Business Manager / Financial Secretary</u>	

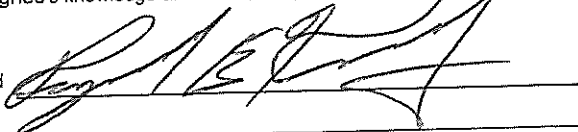
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/10/05
Date

(219) 844-6386
Telephone Number

Name of Person Filing <u>Raymond E. Kasmak</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Amalgamated Bank/Amalgatrast</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>One West Monroe Street.</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60603</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><u>Amalgamated Bank of Chicago holds investment and other bank accounts for the local Union.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u></p>
	<p>12.a. Nature of interest held or income received. <u>FEES earned for participation in Amalgamated Bank Indiana Labor Council. All fees directed straight to charity - Munster High School Adult Booster Club - Munster, IN. 46321</u></p>
	<p>12.b. Amount. <u>\$750 - Fees, \$78.75 Lunches</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Raymond E. Kasmak	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Lake County Electricians Joint Apprenticeship + Training Committee Trade Name, if any: Local 697 JATC P.O. Box, Bldg., Room No., if any Street 2515 - 169th St. City Hammond State IN ZIP Code + 4 46323	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. The JATC is a jointly administered board engaged in training apprentice members of the local union 11.b. Approximate dollar value of such dealing. not determined 12.a. Nature of interest held or income received. Dinner at completion ceremony for myself and spouse September 17, 2004 12.b. Amount. \$42⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>Raymond E. Kasmark</u>	File Number U-
---	----------------

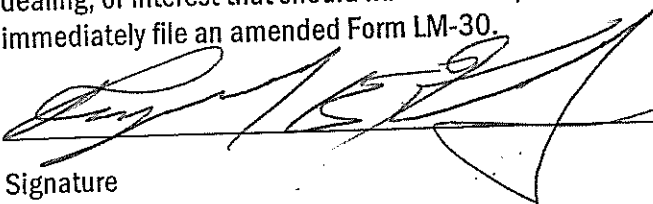
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Legacy Professionals LLP</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>9301 Calumet Ave.</u> City <u>Munster</u> State <u>IN</u> ZIP Code + 4 <u>46321</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
--	---

10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <u>Legacy Professionals provides accounting and auditing functions for the Local Union</u> 11.b. Approximate dollar value of such dealing. <u>\$20,000</u> 12.a. Nature of interest held or income received. <u>Golf outing - Olympia Fields CC.</u> <u>- lunch</u> <u>- greens fee</u> <u>- dinner</u> <u>September 15, 2004</u> 12.b. Amount. <u>\$229.45</u>
---	---

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

 8-10-05

Signature

Date